

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF EARLANDO SAMUEL, PRO SE	COURT CASE NUMBER 22-CV-02451
DEFENDANT LAURA BLACKBURN, HCV DIRECTOR	TYPE OF PROCESS COMPLAINT


SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DELAWARE COUNTY HOUSING AUTHORITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1855 CONSTITUTION AVENUE, # 1, WOODLYN, PA. 19092

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EARLANDO SAMUEL 207 PARKER PLACE GLEN MILLS, PA. 19342	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	10
	Check for service on U.S.A.	

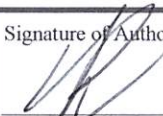
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 610 241 7537	DATE 11-08-2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>10</u>	District of Origin No. <u>66</u>	District to Serve No. <u>66</u>	Signature of Authorized USMS Deputy or Clerk 	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 0
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REMARKS: 1st Fwd 11.28.22 1230 No Answer
No Congen Employed At this Location

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EARLANDO SAMUEL, PRO SE	COURT CASE NUMBER 22-CV-02451
DEFENDANT CHRISTINA PRO, HCV SPECIALIST	TYPE OF PROCESS COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DELAWARE COUNTY HOUSING AUTHORITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1855 CONSTITUTION AVENUE, # 1, WOODLYN, PA. 19092

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EARLANDO SAMUEL
207 PARKER PLACE
GLEN MILLS, PA. 19342

Number of process to be served with this Form 285

1

Number of parties to be served in this case

10

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

610 241 7537

DATE

11-08-2022

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kate Wise Asst to Director of P.H.

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

11.30.22

Time

0850

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 0
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REMARKS: 1st time 11-28-22 1230 No Asn

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Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF EARLANDO SAMUEL, PRO SE	COURT CASE NUMBER 22-CV-02451
DEFENDANT DELAWARE COUNTY HOUSING AUTHORITY	TYPE OF PROCESS COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DELAWARE COUNTY HOUSING AUTHORITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1855 CONSTITUTION AVE., #1, WOODLYN, PA., 19092

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EARLANDO SAMUEL
207 PARKER PLACE
GLEN MILLS, PA. 19342

Number of process to be served with this Form 285 1

Number of parties to be served in this case 10

Check for service on U.S.A.

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Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

Earlando Samuel

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

610 241 7537

DATE

11-08-2022

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kate Wise Asst to Director of P.H.

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

11.30.22

Time

0850

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					0

REMARKS: *1st End 11-28-22 1230*

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United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EARLANDO SAMUEL, PRO SE	COURT CASE NUMBER 22-CV-02451
DEFENDANT DAWN WARE, HCV SPECIALIST	TYPE OF PROCESS COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DELAWARE COUNTY HOUSING AUTHORITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1855 CONSTITUTION AVENUE, # 1, WOODLYN, PA. 19092

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EARLANDO SAMUEL
207 PARKER PLACE
GLEN MILLS, PA. 19342

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Number of parties to be served in this case	10
Check for service on U.S.A.	

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Signature of Attorney, other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
610 241 7537

DATE
11-08-2022

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kate Wine ^{asst} Director of P.H.

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
11.30.22 Time
0850 ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 0
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REMARKS: 1st Enq 11.29.22 1230 NO ANSWER

PRINT 5 COPIES:

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